

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214521991					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: Crossroads Medical Mission 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL DERDEN 300 W VALLEY DR PO BOX 16852 BRISTOL, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: BRISTOL CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="width: 35%; text-align: right;"> DUE DATE: 4/30/2014 SCC ID NO: 05574322 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 300 WEST VALLEY DRIVE CITY/ST/ZIP: BRISTOL, VA 24209-6852 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL DERDEN MD TITLE: PRESIDENT ADDRESS: 2376 KINGS MILL PIKE CITY/ST/ZIP/CO: BRISTOL, VA 24201 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PAUL DERDEN MD TITLE: PRESIDENT ADDRESS: 2376 KINGS MILL PIKE CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY MULLINS DIRECTOR 6 SIXTH STREET BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WES RITCHIE DIRECTOR 129 QUEENSGATE BRISTOL, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY SIMPSON DIRECTOR 610 CAMPUS ABINGDON, VA 24211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE YOUNG DIRECTOR 15093 SPRINGVIEW RDG BRISTOL, VA 24202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa Cirotta DIRECTOR 325 Roscommon Dr Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Diane Gentry DIRECTOR 108 Shady Lane Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jerry Kirk DIRECTOR 115 Clark Lane Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jan Massengill DIRECTOR 117 WestoverDr. Bristol, TN 37620	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAUL DERDEN MD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL DERDEN MD, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/27/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			